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| 1                   | UN   | IFORM HAZARDOUS   | 1. Generator ID N                      |                           |                          | 2. Page 1 of         | 3. Emergency Respon         | nse Phone   | 4. Manifest         | Tracking N           |                 | \ <u>\</u>                                       | -, _   |  |  |  |
|                     |  | WASTE MANIFEST  |  | ទូនត្រូម                  | 雙非導力                     |                      | 1180 p. 4177                |   |                     |                      | 3263            | 33 F   | -LE  |  |  |  |
| Ш                   |  | Senerator's Name and Mailin   | g Address                              |                           |                          | •                    | Generator's Site Addre      | ss (if different  | than mailing addres | ss)                  |                 |  |  |  |  |  |
| Ш                   |  | there could be appropriate to   |  |                           |                          |                      |                             |   |                     |                      |                 |  |  |  |  |  |
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| Ш                   |  | nerator's Phone: (191)  |  |                           | M 1964                   |                      |                             |   |                     |                      |                 |  |  |  |  |  |
|                     | 6. Tr  | ransporter 1 Company Nam  | е                                      |                           |                          |                      |                             |   | U.S. EPA ID N       | Number               |                 |  | ·  |  |  |  |
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| Ш                   | 7. Tr  | 7. Transporter 2 Company Name   |  |                           |                          |                      |                             |   | U.S. EPA ID N       |                      |                 |  |  |  |  |  |
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| Ш                   | 8. D   | B. Designated Facility Name and Site Address  |  |                           |                          |                      |                             |   | U.S. EPA ID N       | lumber               |                 |  |  |  |  |  |
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| Ш                   | 15.  | GENERATOR'S/OFFERO  | R'S CERTIFICATIO                       | ON: I hereby declare the  | nat the contents of this | consignment ai       | e fully and accurately      | described abov  | e by the proper shi | pping name           | , and are cla   | ssified, pack                                    | year   |  |  |  |
| $\Pi$               | marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governments. I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent |   |  |                           |                          |                      |                             | nental regulations. If export shipment and I am the Primary |                     |                      |                 |  |  |  |  |  |
| Ш                   | I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quar   |   |  |                           |                          | e quantity gener     | rator) or (b) (if I am a si | mail quantity ge  | enerator) is true.  |                      |                 |  |  |  |  |  |
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| E                   |  | ransporter Acknowledgment   |  | rials                     |                          |                      |                             |   | ···                 |                      |                 |  |  |  |  |  |
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| 1                   | 18. D  | Discrepancy   |  |                           |                          |                      |                             |   |                     |                      |                 |  |  |  |  |  |
| $\ \cdot\ $         | 18a. I   | Discrepancy Indication Spai   | ce 🗌 Quan                              | ıtitv                     | Туре                     |                      | Residue                     |   | Partial Reie        | ection               |                 | Full Rej   | ection   |  |  |  |
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| Ę                   | 18b. /   | Alternate Facility (or Genera   | itor)                                  |                           |                          |                      |                             |   | U.S EPAID N         | umber                |                 |  |  |  |  |  |
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| 16                  |  | ity's Phone:  |  |                           |                          |                      |                             |   |                     |                      |                 |  |  |  |  |  |
| DESIGNATED FACILITY | 18c. Signature of Alternate Facility (or Generator)  |   |  |                           |                          |                      |                             |   |                     | Month Day Year       |                 |  |  |  |  |  |
| N.                  |  |   |  |                           |                          |                      |                             |   |                     |                      |                 |  |  |  |  |  |
| S                   | 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)  |   |  |                           |                          |                      |                             |   |                     |                      |                 |  |  |  |  |  |
| 百                   | 1.   |   |  | 2.                        |                          | 3.                   |                             |   | 4.                  |                      |                 |  |  |  |  |  |
| Ш                   |  |   | <del></del>                            |                           |                          |                      |                             |   |                     |                      |                 |  |  |  |  |  |
|                     |  | 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a  |  |                           |                          |                      |                             |   |                     |                      |                 |  |  |  |  |  |
|                     | Printed/Typed Name Signature Month Day Year  |   |  |                           |                          |                      |                             |   |                     |                      |                 | Year   |  |  |  |  |
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| 25. Transporter Company Name   | <del></del>                                       |              | U.S. EPA ID         | Number   |  |                |  |  |  |  |  |
| Sompany Name   | U.S. E. A ID Number                               |              |                     |  |  |                |  |  |  |  |  |
| 26 Transporter Company Name  |   |              | U.S. EPA ID         | Number   |  | <del>-</del>   |  |  |  |  |  |
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| 27a. 27b U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number,  | 28. Containers                                    |              | 29. Total           | 30. Unit   |  |                |  |  |  |  |  |
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